

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61777

## 1. PLACE OF DEATH

County Montgomery Registration Dist. No. 261  
 Village or City Olney, Maryland No. No. Monty Co. General A, Ward Ward  
 If death occurred in a hospital or institution, give its NAME instead of street and number

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Adams

(a) Residence: Nd. Rockville, Md. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>married</u>
Sa. If married, widowed, or divorced HUSBAND OF <u>Maggie Adams</u>		

6. DATE OF BIRTH (month, day, and year) <u>May 1, 1878</u>
7. AGE <u>58</u> Years <u>9</u> Months <u>11</u> Days <u>If LESS than</u> <u>1 day,      hrs.</u> <u>or      min.</u>

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. <u>Labarer</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Farm</u>	
10. Date deceased last worked at this occupation (month and year) <u>0</u>	11. Total time (years) spent in this occupation <u>11</u>

12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>
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13. NAME <u>John Adams</u>
14. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>

15. MAIDEN NAME <u>Julia Jackson</u>
16. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>

17. INFORMANT <u>Hospital Record</u> (Address)
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Burial ground</u> Job <u>2-14</u> Date <u>2-14</u> , 19 <u>32</u>
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19. UNDERTAKER <u>Geo. A. Brown Jr.</u> (Address) <u>Rockville Md</u>
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20. FILED <u>2-14</u> , 19 <u>32</u> <u>C. Barnesley</u> , Registrar.
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 11, 1932

22. I HEREBY CERTIFY. That I attended deceased from

February 7, 1932 to Feb. 11, 1932I last saw him alive on Feb. 10, 1932; death is said to have occurred on the date stated above, at 4:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Freelance skull

Date of onset

2/8/32

## Other Contributory Causes of Importance:

shorts2/11/32Name of operation None Date of NoneWhat test confirmed diagnosis? X-ray spine Under None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2-11-32Where did injury occur? Freelance Park, Bethesda, Md (Specify city or town, county and State)Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public Highway mdManner of injury auto accidentNature of Injury assassin bullet24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. Barnesley M. D.(Address)  sandy Spring, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

July 5, 1927

Other contributory causes of importance:
Gallstones
May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago


Other contributory causes of importance:
Gastroenteritis
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Montgomery

Village or City Takoma Park (No. 321)

WITHIN CORPORATE LIMITS OF

2 FULL NAME

Stillborn Child of Alton B & Besie I. Alford

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 223

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

Feb.

(Month)

25

(Day)

1932  
(Year)

7 AGE

Stillborn

yrs.

mos.

If LESS than  
1 day.... hrs.  
ds. or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work None
- (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE

(State or country)

Maryland

10 NAME OF FATHER

Alton B. Alford

11 BIRTHPLACE OF FATHER

(State or country)

D. C.

12 MAIDEN NAME OF MOTHER

Besie I. Turner

13 BIRTHPLACE OF MOTHER

(State or country)

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alton B. Alford

(Address) 321 - Hubwood Ave.

15

Filed Feb. 25, 1932 H. E. Rogers

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 25, 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192 to February 25, 1932,  
that I last saw h ER on Stillborn, 1932,  
and that death occurred on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH \* was as follows:

Stillborn - Suspected  
cardiac valvular dysfunction  
in utero, large distended abdomen  
skin desquamation (Duration) yrs. mos. ds.

Contributory  
Secondary

Duration) yrs. mos. ds.

(Signed) Wm. A. Stevenson M. D.

February 25, 1932. (Address) 113 Carroll St. Takoma Park

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Cedar Hill, Md.

DATE OF BURIAL

Feb. 26, 1932

20 UNDERTAKER

The S. H. Kines Co.

ADDRESS

Wash. D.C.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plasterer*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b), *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return *Laborer*, "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Other pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.*, of . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Muscles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDE, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *abscess*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A file data is essential and must be obtained before the certificate is permanently filed.

1932

MAR

EDM

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## PLACE OF DEATH

County MaryVillage or City Silver Spring Md.

## 2 FULL NAME

Walter C Almond.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male White

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

May 3, 1852  
(Month) (Day) (Year)

7 AGE

79

yrs.

mos. 9

If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work  
Cabinet Worker  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE

(State or country) Fairfax County Va.

10 NAME OF FATHER

Hardin Almond

11 BIRTHPLACE OF FATHER

(State or country) VA

12 MAIDEN NAME OF MOTHER

Jane Michel

13 BIRTHPLACE OF MOTHER

(State or Country) VA

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hector B Almond(Address) Phila Pa.

15 Filed

2/14 1932 Ralph K. Clark  
RegistrarSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 214

(131)

61779

S. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 14, 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

May 13, 1931 to Feb 14, 1932that I last saw him alive on Feb 13, 1932and that death occurred on the date stated above, at 1:30 A.M.

The CAUSE OF DEATH \* was as follows:

Myocarditis(Duration) 3 yrs 0 mos 0 ds.Contributory  
SecondaryAcute Pyrexia, pleura, cough(Duration) 2 yrs 0 mos 0 ds.(Signed) H.R. Hayes M. D.Feb 14, 1932 (Address) Silver Spring Md.\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs mos ds.

In the State yrs mos ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Alexandria, Va

20 UNDERTAKER

Wm Devine & Son

ADDRESS

Alex. Va

DATE OF BURIAL

Feb 14th, 1932

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carrionoma, Soreema, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., septic, leprosy) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1932



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	RECEIVED
Cerebral hemorrhage	July 5, 1927
MAR 3 1932	

Other contributory causes of importance: V. 3

Gallstones

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01781

## 1. PLACE OF DEATH

County MontgomeryVillage or City Silver Spring, Md. No.

Registration Dist. No.

214

St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

did not die in Maplewood2. FULL NAME Edith S. Baker(a) Residence: No. Silver Spring, Md. St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Femalewhitewidowed5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofTyson B. Baker

6. DATE OF BIRTH (month, day, and year)

Jan. 16, 1863

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

MOTHER

FATHER

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis* **RECEIVED**

Date of onset

1915

*Chronic interstitial nephritis*

Date of onset

1921

*Cerebral hemorrhage*

Date of onset

July 5, 1927

Other contributory causes of importance:

*Gallstones*

Date of onset

May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other contributory causes of importance:

*Gastroenteritis*

1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

**WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD**

N. B.--Every item of information should be carefully supplied. ACE should state EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County *Montgomery*

Village or City *Brookdale* (No.)

2 FULL NAME *Ralph Lewis Beall*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>M.</i>	4 COLOR OR RACE <i>W.</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>
-----------------	---------------------------	--

6 DATE OF BIRTH  
*Oct. 10 Sept. 11*, 1931  
(Month) (Day) (Year)

7 AGE  
— yrs. 5 mos. 3 ds. or min.? If LESS than  
1 day hrs.  
and that death occurred on the date stated above, at 8 p.m.

8 OCCUPATION  
(a) Trade, profession or particular kind of work *none*.  
(b) General nature of industry business, or establishment in which employed or (employer) *Acute Bronchitis*.

9 BIRTHPLACE  
(State or country) *Ind.*

10 NAME OF FATHER *Marshall L. Beall*

11 BIRTHPLACE OF FATHER  
(State or country) *Ind.*

12 MAIDEN NAME OF MOTHER *Berah B. Shirley*

13 BIRTHPLACE OF MOTHER  
(State or country) *Ind.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Marshall L. Beall*

(Address) *P. D. Monrovia Md*

15 Filed *Feb. 16 1932* Della W. Burdette  
Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. *211*

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb. 14, 1932*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from *Feb. 10, 1932* to *Feb. 14, 1932*,

that I last saw him alive on *Feb. 14, 1932*,

and that death occurred on the date stated above, at 8 p.m.

The CAUSE OF DEATH \* was as follows:

*Acute Bronchitis*

Contributory (Duration) yrs. mos. 5 ds.  
Secondary *Premature Birth (6 1/2 mo)*

(Signed) *George M. Boyer* M.D.  
Feb. 15, 1932 (Address) *Damascus, Md.*

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

*Bethesda Cemetery, Brookville, Md*

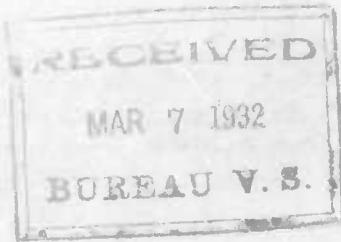
20 UNDERTAKER

*J. B. Beall Inc., Damascus, Md.*

DATE OF BURIAL

*Feb. 16 1932*

ADDRESS



01783

## MARGIN RESERVED FOR BINDING

**N. B.**--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County MarylandVillage or City Cherry Chase (No. 13)2 FULL NAME Mary A. BrugerSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 216St. E Mulberry St Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem4 COLOR OR RACE Wh5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Single

6 DATE OF BIRTH

Jan. 17, 1867  
(Month) (Day) (Year)

7 AGE

65 yrs. / mos. 10 ds. or min.

If LESS than  
1 day hrs.

## 8 OCCUPATION

- (a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

Book-Club9 BIRTHPLACE  
(State or country)Wash. D.C.

10 NAME OF FATHER

John C. S. Bruger11 BIRTHPLACE OF FATHER  
(State or country)Wash. D.C.

12 MAIDEN NAME OF MOTHER

Frances Candy13 BIRTHPLACE OF MOTHER  
(State or country)N.J.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank A. Bruger(Address) 1319 - Delafield Pl.15 Filed 2-27-1932 Thomas K. Conrad  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 24/8 - 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 26 - 1932 to Feb. 27, 1932,  
that I last saw her alive on Feb. 26, 1932,  
and that death occurred on the date stated above, at 3-20A.  
The CAUSE OF DEATH \* was as follows:

Cerebral Hemorrhage  
+ Hemiplegia(Duration) yrs. mos. 2 ds.

Contributory Secondary

Arteriosclerosis(Duration) 1 yrs. mos. 0 ds.(Signed) Thomas K. Conrad M. D.  
2-27-1932 (Address) Cherry Chase\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients &amp; Recent Residents)

At place of dea' 3 yrs. mos. ds. In the State yrs. mos. ds.Where was disease contracted, if not at place of dea.b? unknownFormer or usual residence. unknown

19 PLACE OF BURIAL OR REMOVAL

Washington H.B.

DATE OF BURIAL

Feb 27, 1932

20 UNDERTAKER

W. Greer Co.

ADDRESS

Washington

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (o) *Spinner, (b) Cotton mill; (a) Shoemaker, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-work, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

Date of death changed and hour of death added in accordance with letter filed Aug. 12 1932 under Dr. Conrad. Bureau V.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Robber wounded of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (c. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1932

BUREAU

## MARGIN RESERVED FOR BINDING

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL ANATOMY should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County Montgomery

Village or City Takoma Park

201-Willow ave

Registration Dist. No. 223

WITHIN CORPORATE LIMIT

2 FULL NAME

Mary Mackenzie Byrne

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLED,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

Feb. 22, 1844  
(Month) (Day) (Year)

7 AGE

88 yrs. 0 mos. 6 ds. or min?

IF LESS than

1 day hrs.

8 OCCUPATION

- (a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

none

9 BIRTHPLACE  
(State or country)

Scotland

10 NAME OF FATHER

Alexander Mackenzie

11 BIRTHPLACE OF FATHER

(State or country)

Scotland

12 MAIDEN NAME OF MOTHER

(State or Country)

Anne MacLeod

13 BIRTHPLACE OF MOTHER

(State or Country)

Scotland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) 201-Willow ave,

(Address) Miss Mary Mackenzie Byrne

15 Filed Feb 29 '32 192 T. H. Rogers

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 28<sup>th</sup>, 1932

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 31, 1932, to Feb 28, 1932, that I last saw her alive on Feb 28, 1932,

and that death occurred on the date stated above, at 150 A.M.

The CAUSE OF DEATH \* was as follows:

Heart disease (duration) 2 yrs. mos. ds.  
Contributory Secondary arteriosclerosis(Signed) Alfred T. Rogers M. D.  
(Address) 201-Willow Ave., Takoma Park, D.C.

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Patients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted, if not at place of death?

In the State yrs. mos. ds.

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Rock Creek, Wash. D.C.

DATE OF BURIAL

2/29, 1932

20 UNDERTAKER

Almus R. Speare.

ADDRESS

1623 Ct. ave.

01784

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spirerer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

by Miss Mary MacKenzie Bryn in this office 11/3/33.

1

MAR 5 1932  
CORRECTION OF MOTHER'S NAME AUTHORIZED  
BY MARY MACKENZIE BRYN IN THIS OFFICE 11/3/33.

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## MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Montgomery

93-c

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 223

MILLAGE, LIMTS OR  
CITYTakoma Park (No. 622 Carroll Ave)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in  
a hospital or institu-  
tion, give its NAME in-  
stead of street and  
number.)2 FULL NAME Catherine Chambers

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Female White

6 DATE OF BIRTH

March 5, 1853  
(Month) (Day) (Year)

7 AGE

78 yrs. 10 mos. ds. or min.?

If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)Housewife

9 BIRTHPLACE

(State or country)

England10 NAME OF  
FATHERMichael Nolan11 BIRTHPLACE  
OF FATHER

(State or country)

England12 MAIDEN NAME  
OF MOTHERMary Roberts13 BIRTHPLACE  
OF MOTHER

(State or Country)

England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Mary Cavanagh(Address) 622 Carroll Ave.

15 Filed

Feb. 4 1932H. E. Rogers

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 2, 1932  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
Jan. 15, 1932 to Feb. 2, 1932,  
that I last saw her alive on Feb. 1, 1932,and that death occurred on the date stated above, at 4:50 a.m.

The CAUSE OF DEATH \* was as follows:

Chronic myocarditis(Duration) 2 yrs. - mos. - ds.Contributory  
SecondaryHypostatic pneumonia(Duration) - yrs. - mos. - ds.

(Signed)

Henwood Rogers, M. D.Feb. 2, 1932 (Address) 410 Cedar St.\* State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place  
of death yrs. mos. ds.In the  
State yrs. mos. ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Wash. D. C.

DATE OF BURIAL

Feb 6, 1932

20 UNDERTAKER

H. E. Rogers

ADDRESS

Wash. D. C.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employment, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer Retired 6 yrs.* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the PLEASING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatology), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by tetanus* (Recommendations on statement of cause of death, approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 10 1932

BUREAU

01786

MARGIN RESERVED FOR BINDING

**N. B.**—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County MontgomeryVillage or City Cherry Chase (No.)2 FULL NAME Jenny Graham Childs

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F4 COLOR OR RACE W.5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Single

6 DATE OF BIRTH

Jan 28, 1857  
(Month) (Day) (Year)

7 AGE

75 yrs. — mos. 21 ds. or min.If LESS than  
1 day hrs.  
or min.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work None  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)9 BIRTHPLACE  
(State or country)Conn.10 NAME OF  
FATHERThomas J. Childs11 BIRTHPLACE  
OF FATHER  
(State or country)Mass12 MAIDEN NAME  
OF MOTHERMary E. Porter13 BIRTHPLACE  
OF MOTHER  
(State or Country)Conn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Helen Childs

(Address)

Cherry Chase Ma

15

Filed 7-18-1932 Thomas K. Conroy  
RegistrarSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 216

93-a

St.: \_\_\_\_\_ Ward) (If death occurred in  
a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 18, 1932  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from  
Jan 10, 1932 to Feb 18, 1932  
that I last saw her alive on Feb 18, 1932  
and that death occurred on the date stated above, at 9 a.m.  
The CAUSE OF DEATH \* was as follows:Acute MyocarditisContributory  
Secondary Pneumonia  
(Duration) yrs. mos. 3 ds.(Signed) W. L. Lewis M. D.  
Feb 18, 1932 (Address) Kensington  
(Duration) 25 yrs. — mos. — ds.\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Rock Creek DATE OF BURIAL  
3/30, 1932

20 UNDERTAKER

Jos. Gowlerson ADDRESS Westlin D.C.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, menses, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 1 1932

BURG

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01787

## 1. PLACE OF DEATH

County MontgomeryVillage or City Near Gaithersburg and

Length of residence in city or town where death occurred

No. \_\_\_\_\_ St., Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

How long in U. S. if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Annis D Coleman(a) Residence: No. 715 - Laytonsville St., Ward. \_\_\_\_\_

(Usual place of abode)

Registration Dist. No. 2118

St., Ward \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)FemaleWhiteWidow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofThomas Coleman

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>78</u>	-	-	<u>20</u>	-

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)Maryland

MOTHER

FATHER

13. NAME

Thomas Coleman14. BIRTHPLACE (city or town)  
(State or country)Maryland

15. MAIDEN NAME

Margret Coleman16. BIRTHPLACE (city or town)  
(State or country)Maryland

17. INFORMANT

Geo C Coleman

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Paradise Date Feb 23, 1932

19. UNDERTAKER

Roy W. Barker

(Address)

20. FILED

Feb 22, 1932 Social Sec. Station

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb. 20

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Jane 1926 to Feb. 20, 1932  
Last saw her alive on Jane 18, 1932 death is saidto have occurred on the date stated above, at 7:30 a.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Chronic myocarditis 1926

Date of onset

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) S. W. Barker M. D.(Address) Gaithersburg Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		Date of onset
The principal cause of death and related causes of importance were as follows:	MAR 7 1932	1915
Arteriosclerosis		1921
Chronic interstitial nephritis		July 5, 1927
Cerebral hemorrhage	BURMAU	

Example II

RECEIVED		Date of onset
The principal cause of death and related causes of importance were as follows:	Attack of epilepsy	1 week ago
	Run over by street car	1 week ago
	Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

01788

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County MontgomeryVillage or City Gaithersburg, Md.

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

186-a

Registration Dist. No. 218Stephens  
Methodist Home for the Aged & Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Emma Connell(a) Residence: No. Gaithersburg, Md. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		

6. DATE OF BIRTH (month, day, end year) <u>Jan. 24, 1854</u>
7. AGE Years <u>77</u> Months <u>0</u> Dey <u>21</u> If LESS than 1 day, _____. hrs. or _____ min.

OCCUPATION <u>None</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>
---

13. NAME <u>James Connell</u>
-------------------------------

14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>
--

15. MAIDEN NAME <u>Katherine Hood Hobbs</u>
---

16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>
--

17. INFORMANT <u>Warren M. Wilson, Supt.</u> (Address) <u>Gaithersburg, Md.</u>
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Union Cemetery</u> Date <u>Feb. 17<sup>th</sup>, 1932</u>
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19. UNDERTAKER <u>Warren E. Pumphrey</u> (Address) <u>Roxbury, Maryland</u>
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20. FILED <u>Feb. 17, 1932</u> <u>Bethel Ave. Station</u> Registrar.
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 15-

(Month)

(Day)

, 1932 (Year)I HEREBY CERTIFY. That I attended deceased from Nov. 1931 to Feb. 15, 1932I last saw her alive on Feb. 14, 1932; death is said to have occurred on the date stated above, at 11:58 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute cardiac decompensation  
Date of onset 2-14-32

## Other Contributory Causes of importance:

Fracture of 1st rib  
Date of onset Nov. 1931

Name of operation None Date of NoneWhat test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Nov. 1931Where did injury occur? Name for aged - Gaithersburg, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury FallNature of injury Fracture of rib24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. J. Burghart M. D.  
(Address) Gaithersburg, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

MAR 9 1928

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01789

## 1. PLACE OF DEATH

County MontgomeryVillage or City Takoma Park

Length of residence in city or town where death occurred

yrs. mos. ds.

(131)

Registration Dist. No. 223

St. Ward

No. 319 Garland Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Connor(a) Residence: No. 319 Garland Ave. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofMarriedWidow

6. DATE OF BIRTH (month, day, and year)

July 11, 1860

7. AGE

Years 71 Months 7 Days 4If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done as SPINNER,  
SAWYER, BOOKKEEPER, etc.None

Date of onset

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Canada13. NAME William Cunningham14. BIRTHPLACE (city or town)  
(State or country)England

15. MAIDEN NAME

Julia Derby16. BIRTHPLACE (city or town)  
(State or country)England

17. INFORMANT

Margaret D. Connor(Address) 319 Garland Ave. Tak. PK

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D.C. Date Feb. 15, 1932(Address) The S. H. Series Co(Address) Washington D.C.(Address) He Rogers(Address) Registrator

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb. 15

(Month)

(Day)

, 1932 (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug. 1, 1927 to Feb. 15, 1932I last saw deceased alive on Feb. 14, 1932; death is said  
to have occurred on the date stated above, et al. 7:00 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Myo Carditis  
Affl. States Pneumonia 7:00 a.m.

## Other Contributory Causes of Importance:

Cards Vasculor Peric syro-  
versole

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Leucine Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Robert R. Hottel M.D.(Address) 1722 Monroe St. N. Wash. D.C.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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01790

V. S. No. 1

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

<sup>1</sup> PLACE OF DEATH  
County Montgomery

Village or City Cherry Chase (No. ....)

(46)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 216

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

<sup>2</sup> FULL NAME Rose Melisa Coak

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<u>Female</u>	<u>White</u>	<u>Single</u>

6 DATE OF BIRTH  
August 14th  
(Month)      (Day)      (Year)  
1863

7 AGE  
68 yrs.      6 mos.      If LESS than  
1 day      hrs.  
ds. or min.?

8 OCCUPATION  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry business, or establishment in which employed or (employer) None

9 BIRTHPLACE  
(State or country) Homer, N. Y.

10 NAME OF FATHER A Harley Coak

11 BIRTHPLACE OF FATHER  
(State or country) N. Y.

12 MAIDEN NAME OF MOTHER Jane Harvey

13 BIRTHPLACE OF MOTHER  
(State or Country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs J. P. McKenney

(Address) 32 Quincy St

15 Filed 2-15-1932 Thomas K. Leonard  
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 14, 1932  
February (Month) 14 (Day) 1932 (Year)

17 I HEREBY CERTIFY That I attended the deceased from June 1st 1931 to Feb 14, 1932 that I last saw her alive on Feb 13, 1932 and that death occurred on the date stated above, at 3 a.m.

The CAUSE OF DEATH \* was as follows:  
Carcinoma of sigmoid

(Duration) 8 mos 14 ds.  
Contributory Secondary Taxemis

(Duration) 5 yrs mos ds.  
(Signed) James A. Clegg M. D.  
Feb 14, 1932 (Address) 2607 Conn. Ave West, D. C.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
In place of death 6 yrs mos ds. In the State 6 yrs mos ds.

Where was disease contracted, if not at place of death?  
Former or usual residence Rochester N. Y.

19 PLACE OF BURIAL OR REMOVAL Unknown DATE OF BURIAL Feb. 15, 1932

20 UNDERTAKER John H. Sardo & Co ADDRESS 412 W. St., Balt.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Soleman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dock laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic voluntary heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." **D** Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MAR 7 1932

Received

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01791

## 1. PLACE OF DEATH

County MontgomeryVillage or City Takoma Park, Md.

46

Registration Dist. No.

214

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Mary Platt Creath(a) Residence: No. 112 Cedar Ave., Takoma Park Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>married</u>
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5a. If married, widowed, or divorced

HUSBAND  
(or) WIFE ofWilliam A. Creath6. DATE OF BIRTH (month, day, end year) May 19<sup>th</sup>, 1865

7. AGE Years <u>66</u>	Months <u>9</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION <u>Retired</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Retired</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	11. Total time (years) spent in this occupation <u></u>
10. Date deceased last worked at this occupation (month and year) <u></u>	

12. BIRTHPLACE (city or town)  
(State or country) Indiana13. NAME Gilbert Platt14. BIRTHPLACE (city or town)  
(State or country) Indiana15. MAIDEN NAME Elizabeth Wilcox16. BIRTHPLACE (city or town)  
(State or country) Indiana17. INFORMANT William A. Creath  
(Address) 112 Cedar Ave., Takoma Park

18. BURIAL, CREMATION, OR REMOVAL

Place Lawrenceburg, Ind. Date Feb. 25, 193219. UNDERTAKER Warren G. Humphreys  
(Address) Porterville, Maryland20. FILED 2/24/32 Ralph L. Pifer  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb. 23<sup>rd</sup>  
(Month) 1932 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Feb. 1, 1932 to Feb. 23, 1932I last saw him alive on Feb. 22, 1932; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral HemorrhageDate of onset Feb. 1932

Other Contributory Causes of Importance:

Cerebral HemorrhageName of operation Exploratory operation Date of 1932What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?      Date of injury     , 19     Where did injury occur?      (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury     Nature of Injury     24. Was disease or injury in any way related to occupation of deceased?     If so, specify      (Signed) W. Warren Humphreys M. D.(Address) 2311 Columbia

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	<i>RECEIVED</i>	Date of onset
Chronic interstitial nephritis	MAR 7 1932	1915
Cerebral hemorrhage		1921

BUREAU V.B.I.		

Other contributory causes of importance:		
Gallstones	May 1, 1923	Other contributory causes of importance:
		Gastroenteritis

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago


Other contributory causes of importance:		
Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

## WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Montgomery

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 26

St.; Ward)

[If death occurred in a hospital or institution give its NAME instead of street and number.]

Village or City Chevy Chase, Md. (No. 4508, Ridge St.,2 FULL NAME Eloise Burnadette Cross

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>

6 DATE OF BIRTH  
September      2      , 913  
(Month)      (Day)      (Year)

7 AGE  
18 yrs. 5 mos. 12 ds.  
If LESS than  
1 day, ... hrs.  
OR min.

8 OCCUPATION  
(a) Trade, profession, or  
particular kind of work  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer)  
Student Nurse

9 BIRTHPLACE  
(State or country)  
Dallas, Texas.

10 NAME OF  
FATHER  
Roy Wm. Cross

11 BIRTHPLACE  
OF FATHER  
(State or country)  
Denver, Colorado

12 MAIDEN NAME  
OF MOTHER  
Eloise McEvoy

13 BIRTHPLACE  
OF MOTHER  
(State or country)  
Mobile, Alabama.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Roy Wm. Cross

(Address) 4508 Ridge St., C.C., Md.

15  
Filed Feb. 15, 1932 Beyl C. Perry  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 14, 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
Feb. 11, 1932 to Feb. 14, 1932,  
that I last saw him alive on Feb. 14, 1932,  
and that death occurred on the date stated above, at 5:15 A.M.,  
The CAUSE OF DEATH\* was as follows:

Seized & Fever

..... (Duration) yrs. mos. 4 ds.

Contributory  
Secondary

Toxopneumia (Duration) yrs. mos. 1 ds.

(Signed) Roy Wm. Cross M. D.  
Feb. 15, 1932 (Address) 3921 Longmeadow

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds in the State yrs. mos. ds

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Cedar Hill Cemetery, Md. Feb. 16, 1932

20 UNDERTAKER ADDRESS  
Jos. Gavleis Son, 1754 Pa. Ave. NW  
Washington, D. C.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

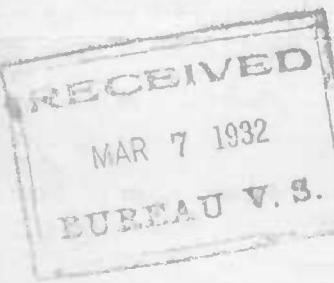
**Statement of occupation**—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. The question applies to every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial environments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed.

As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salveman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coat mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Car-*

*cinoma*, *Sarcoma*, etc., of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesas*; *Whooping Cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.s.; *Bronchopneumonia* (secondary), 10 d.s. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Postpartal septicemia," "Postpartal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or, as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of the skull, and consequences (e.g., *sepsis*, *ictonus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## STATE OF MARYLAND—CERTIFICATE OF DEATH

01793

## 1. PLACE OF DEATH

County Maryland  
Village or City Sunshine

93c

Registration Dist. No.

217

St., Ward

Length of residence in city or town where death occurred

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME George W. Curtis(a) Residence: No. Sunshine, Md.  
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word) widowed5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofFannie Curtis

6. DATE OF BIRTH (month, day, end year)

Sept. 14, 18467. AGE Years 85 Months 4 Days 19 If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.farmer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.farming10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation life12. BIRTHPLACE (city or town)  
(State or country)Frederick Co  
md13. NAME John Curtis14. BIRTHPLACE (city or town)  
(State or country)Frederick Co  
md15. MAIDEN NAME Sarah Jane Burkett16. BIRTHPLACE (city or town)  
(State or country)Frederick Co  
md17. INFORMANT Miss Sally Myers  
(Address) Brookville, Pa18. BURIAL, CREMATION, OR REMOVAL  
Place Saytonsville, Md. Date Feb. 6th, 193219. UNDERTAKER Ray Barker  
(Address) Saytonsville, Md.20. FILED Feb. 5, 1932 C. S. Barnesley  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb 3, 1932  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Jan. 24th, 1932 to Feb 3rd, 1932, death is saidto have occurred on the date stated above, at 11:15 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic myocarditis: 3 years.Date of onset Jan 24Cervical

Other Contributory Causes of importance:

Stomach Jan 24arteriosclerosis 10 yrsName of operation no Date of —What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Charles W. Bishop M. D.  
(Address) Sandy Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAR 4 1932	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:		
Gallstones		May 1, 1923

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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61794

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 214

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

<sup>1</sup> PLACE OF DEATH  
County Montgomery

Village or City Silver Spring (No.)

<sup>2</sup> FULL NAME Osdalik Brain Curtis

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
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6 DATE OF BIRTH November 29, 1853  
(Month) (Day) (Year)

7 AGE 78 yrs. 2 mos. 14 If LESS than  
1 day hrs.  
ds. or min.?

8 OCCUPATION  
(a) Trade, profession or  
particular kind of work Farmer  
(b) General nature of industry  
business, or establishment in  
which employed or (employer) Same

9 BIRTHPLACE  
(State or country) Virginia - Culpeper Co.

10 NAME OF  
FATHER Frank Curtis

11 BIRTHPLACE  
OF FATHER  
(State or country) Virginia - Culpeper Co.

12 MAIDEN NAME  
OF MOTHER Mary Walker

13 BIRTHPLACE  
OF MOTHER  
(State or country) Virginia - Faquier Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Charles D. Curtis (Son)

(Address) 432 S. Royal St. Alex. Va.

15 Filed 2-12 1982 Ralph H. Lifer  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 10, 1932

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 10, 1932 to Feb. 12, 1932,  
that I last saw him alive on Feb. 11, 1932,

and that death occurred on the date stated above, at 5 a.m.  
The CAUSE OF DEATH \* was as follows:

Endocarditis  
Myocarditis  
Chronic nephritis - seven years. Cured

(Duration) 7 yrs. mos. ds.

Contributory  
Secondary Uremia

(Duration) 7 yrs. mos. ds.

(Signed) G. A. Scully M. D.  
Feb. 12, 1932 (Address) Silver Spring Md.

\*State the Disease Causing Death, or, in Deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Alexandria Va. DATE OF BURIAL Feb. 14, 1932

20 UNDERTAKER W. C. Cunningham ADDRESS Alex. Va.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Gangrene"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia");

MAR 7 1932

BUREAU V.S.

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a few questions unanswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01795

## 1. PLACE OF DEATH

County

Montgomery  
County

108

Registration Dist. No.

2/2

Village or City

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME *Martha Jane Dillehay*

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female

white

single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec 22 - 1868

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Md

(State or country)

MOTHER / FATHER

13. NAME

Thomas Dillehay

14. BIRTHPLACE (city or town)

Md

(State or country)

15. MAIDEN NAME

Charlotte Johnson

16. BIRTHPLACE (city or town)

Md

(State or country)

17. INFORMANT

Ollie Holland

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bealsville, Md.

Date Feb 22, 1932

19. UNDERTAKER

Wm T. Dillon &amp; Sons

(Address)

20. FILED

Feb. 24, 1932 Mrs. C. C. Dillon

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb. 24

(Month)

(Day)

1932  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

7th 20 1932 to 7th 24 1932

I last saw her alive on 7th 24 1932; death is said  
to have occurred on the date stated above, at 3:45 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Acute Lobar pneumonia*Date of onset  
Feb 18

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Upton & Sons*  
(Address) *Dawsonville Md.* M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

MAR 4 1932

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01796

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Montgomery

Village or City Takoma Park (No. 11) Philadelphia av.

2 FULL NAME Mrs Caroline Melcher Gordon

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 223

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE white

5 MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

August - 31, 1848  
(Month) (Day) (Year)

7 AGE

83 yrs. 5 mos. 6 ds. If LESS than  
1 day \_\_\_\_ hrs.  
or \_\_\_\_ min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work None  
(b) General nature of industry  
business, or establishment in  
which employed or (employer) None

9 BIRTHPLACE

(State or country) Breast - Maine

10 NAME OF FATHER

Gordon Melcher

11 BIRTHPLACE OF FATHER

(State or country) Maine

12 MAIDEN NAME OF MOTHER

Honey Soule

13 BIRTHPLACE OF MOTHER

(State or country) Maine

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Arthur Gordon

(Address) 11 Philadelphia av.15 Filed Feb 6 1932

(50)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feby 6<sup>th</sup>, 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
May 22 1931 to Feby 6<sup>th</sup>, 1932

that I last saw her alive on Feby 4<sup>th</sup>, 1932,  
and that death occurred on the date stated above, at 1:30 a.m.  
The CAUSE OF DEATH \* was as follows:

Carcinoma of left breast

Contributory  
Secondary

(Duration) 3 yrs. — mos. — ds.  
Metastases to parts internal

(Signed) Laurita E Kress M. D.  
(Address) 705 Carroll Av  
(Date) Feby 6<sup>th</sup> 1932

\* State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Pittsburg Pa.

2D UNDERTAKER

The S. H. Hines Co

DATE OF BURIAL

Feb. 7, 1932

ADDRESS

Wash. D.C.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Coccidoma*, *Sorcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MAR 5 1932

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01797

## 1. PLACE OF DEATH

County

Montgomery

8

Registration Dist. No.

212

Village or City

Dickerson

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb. 25-1932

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.

None

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

MOTHER

FATHER

13. NAME

Jeasie Gossard

14. BIRTHPLACE (city or town)  
(State or country)

Pa

15. MAIDEN NAME

Maud Young

16. BIRTHPLACE (city or town)  
(State or country)

Md

17. INFORMANT  
(Address)

Dr. J. P. Hickey

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

1932

19. UNDERTAKER  
(Address)

20. FILED:

Feb. 25, 1932 Mrs. C. C. Miller

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb. 25

1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Feb. 25, 1932, to

19

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said  
to have occurred on the date stated above, et al., m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Slitborn

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address)

J. P. Hickey

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	APR 4 1932

BUREAU V.S.

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

## Example II

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

61798

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

**1 PLACE OF DEATH**  
County Montgomery

Village or City Dundalk Hts (No. 217, Prospect)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 26

St.; Ward)

[If death occurred in a hospital or institution give its NAME instead of street and number.]

**2 FULL NAME** Margaret Gray

## PERSONAL AND STATISTICAL PARTICULARS

<b>3 SEX</b> <u>F</u>	<b>4 COLOR OR RACE</b> <u>W.</u>	<b>5 SINGLET MARRIED WIDOWED OR DIVORCED</b> OR DIVORCED (Write the word) <u>Widow.</u>
-----------------------	----------------------------------	--

**6 DATE OF BIRTH**  
1854? (Month) 1 (Day) (Year)

**7 AGE**  
78? yrs. mos. ds. If LESS than  
1 day, hrs.  
OR min.

**8 OCCUPATION**  
(a) Trade, profession, or  
particular kind of work  
Homemaker  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

**9 BIRTHPLACE**  
(State or country) Ireland

**10 NAME OF FATHER**  
William Thompson

**11 BIRTHPLACE OF FATHER**  
(State or country) Ireland

**12 MAIDEN NAME OF MOTHER**  
Elizabeth White

**13 BIRTHPLACE OF MOTHER**  
(State or country) Ireland

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Frances Cecil Gray (daughter)

(Address) 217 Prospect St

15 Filed Feb 12, 1982 by Deej C Perry

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH** Feb 11th, 1982  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY**, That I attended deceased from Feb 1st, 1982 to Feb 10th, 1982,  
that I last saw h. or alive on Feb 11th, 1982,  
and that death occurred on the date stated above, at 2:40 p.m.

The CAUSE OF DEATH\* was as follows:

Acute Lobar Pneumonia.

(Duration) — yrs., — mos. 10 ds.

Contributory Secondary Pulmonary Embolism

(Duration) — yrs., — mos. 10 min.

(Signed) Truman Webb M. D.

Feb 11th, 1982 (Address) 8741 Huntingdon St. Sec

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted, —  
if not at place of death?

Former or usual residence Graham, New Hampshire —

**19 PLACE OF BURIAL OR REMOVAL** St Lincoln Cemetery **DATE OF BURIAL** Feb 13, 1982

**20 UNDERTAKER** Jay Hawley & Sons Inc. **ADDRESS** Washington, D.C.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

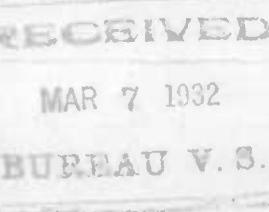
[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important so that the relative healthfulness of various pursuits can be known. The question applies to every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial environments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc., Cancer*,

*cystoma, Sarcoma, etc., of ..... (name origin); "Cancer"* is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesenteric*; *Whooping Cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicocystitis*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of the skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



61799

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CONDITION should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County MaryVillage or City Liber Spring, Md. (No.)

## 2 FULL NAME

Mrs. Narcissa Rose Green.STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 214

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female white

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH

Sept. 10, 1866  
(Month) (Day) (Year)

7 AGE

66 yrs. 4 mos. 15 days. If LESS than  
1 day hrs.  
ds. or min.

8 OCCUPATION

- (a) Trade, profession or particular kind of work Domestic
- (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed

2/25 1932

Ralph K. Kuefer  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 25, 1932

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 22, 1932 to Feb. 25, 1932,

that I last saw her alive on Feb. 24, 1932,

and that death occurred on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH \* was as follows:

ruptured cerebral  
aneurysm

(Duration) yrs. mos. ds.

Contributory Secondary

arteriosclerosis

(Duration) yrs. mos. ds.

(Signed) M. R. Hayes M. D.(Address) Liber Spring, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Balston, Virginia

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Clarendon, Va. 2/25, 1932

20 UNDERTAKER

G. J. Sives

ADDRESS Clarendon, Va.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"*

unqualified, is indefinite); *Tuberculosis of lungs, menses, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sensit, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a few questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

01800

## MARGIN RESERVED FOR BINDING

**N.B.**--Every item of information should be carefully supplied  
CLANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact  
statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Montgomery  
Village or City Berwood (No.)

2 FULL NAME Susan Elizabeth Heflin

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Married

6 DATE OF BIRTH OCT - 31, 1896  
(Month) (Day) (Year)

7 AGE 35 yrs. 3 mos. 15 ds. If LESS than  
1 day ..... hrs.  
or ..... min.)

8 OCCUPATION  
(a) Trade, profession or  
particular kind of work House-wife  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE  
(State or country) Hagerstown, Md.

10 NAME OF  
FATHER William C. Heflin

11 BIRTHPLACE  
OF FATHER  
(State or country) Warrenton, Va.

12 MAIDEN NAME  
OF MOTHER Mary E. Todd

13 BIRTHPLACE  
OF MOTHER  
(State or country) Bluemont, Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mary E. Heflin

(Address) Hagerstown, Md.

15 Filed 2/17 1982 Mrs. W. T. Pratt  
Registrar

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 213St. \_\_\_\_\_ Ward) (If death occurred in  
a hospital or institution,  
give its NAME instead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 - 15 - 1982  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
May - 1921 to Feb - 15 - 1922,  
that I last saw her alive on Feb - 15 - 1922,  
and that death occurred on the date stated above, at 4 P.M.

The CAUSE OF DEATH was as follows:

Myocardial insufficiency 6 mo  
arterial sclerosis - date 1925  
high arterial tension in 1930  
chronic gastritis reported 1931  
(Duration) yrs. mos. ds.

Contributory  
Secondary

(Signed) W. C. Miller (Duration) yrs. mos. ds.  
M. D. 2 - 15 - 1982 (Address) Hagerstown, Md.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Rockville Union Cemetery DATE OF BURIAL Feb 17, 1982

20 UNDERTAKER Wm. Bentley Punphy ADDRESS Rockville Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid housekeepers who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmied*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinaoma, Sarcoma, etc.*, of use of "Tumor" for malignant neoplasms); *Mesenteric*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent<sup>1</sup> affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchomycetoma* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Dribbling," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I. the date is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01861  
218

## 1. PLACE OF DEATH

County Montgomery 107-a Registration Dist. No. \_\_\_\_\_  
 Village or City near Redland St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Length of residence in city or town where death occurred Life No. \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

John Henderson  
 (a) Residence: No. near Redland Md. St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>Oct. 10, 1931</u>				
7. AGE	Years <u>0</u>	Months <u>4</u>	Days <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>
	10. Date deceased last worked at this occupation (month and year) <u>None</u>
	11. Total time (years) spent in this occupation <u>None</u>

12. BIRTHPLACE (city or town)  
(State or country) Mary. Co. Ga. Hosp.  
Olney, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town)  
(State or country) None

15. MAIDEN NAME Betha Johnson

16. BIRTHPLACE (city or town)  
(State or country) Mary. Co.  
Md.

17. INFORMANT John Johnson  
(Address) Redland, Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place Rockville Cemetery Date Feb. 18, 1932

19. UNDERTAKER Warren E. Pennington,  
Rockville

20. FILED Feb. 18, 1932 Rachel Dan Etchison  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

February 17 (Month) 1932 (Day) Year

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932 to Feb. 17, 1932

I last saw him alive on Feb. 10, 1932, death is said to have occurred on the date stated above, at 5A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchopneumonia Feb. 8/32

Other Contributory Causes of importance:

None

Name of operation None Date of None

What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external cause (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury 19

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Natura of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Wm. G. Lattimer M. D.  
(Address) Rockville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAR 7 1932	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	REDACTED	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01802

## 1. PLACE OF DEATH

County MontgomeryVillage or City Takoma Park Md.

107-a

Registration Dist. No. 223

Ward

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MARGIN RESERVED FOR BINDING

V. S. No. 1

2. FULL NAME Irene Overstreet Herritt

(a) Residence: No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
------------------	----------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofDaniel Webster Herritt

6. DATE OF BIRTH (month, day, and year)

7. AGE <u>82</u>	Years	Months <u>3</u>	Days <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)Franklin Ind13. NAME Gabriel Overstreet14. BIRTHPLACE (city or town)  
(State or country)Tky.15. MAIDEN NAME Sarah Morgan16. BIRTHPLACE (city or town)  
(State or country)Tky.17. INFORMANT Mrs. E. Clyde Shad  
(Address) 100 Cedar Ave18. BURIAL, CREMATION, OR REMOVAL  
Place Wash D.C. Date 2-2, 193219. UNDERTAKER M. J. Girkle  
(Address) 361 - East Capt St.20. FILED Feb. 2, 1932 by C. Rogers  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

February 1  
(Month) (Day), 1932  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 27, 1932, to Feb. 1, 1932I last saw him alive on Feb. 1, 1932; death is said to have occurred on the date stated above, at 8:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia

Date of onset

Jan. 27,1932

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) As Little M. D.(Address) 6911 37th St. N.W., Wash. D.C.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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61803

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICAL ANATOMY should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County MontgomeryVillage or City Cherry Chase (No. 19)

(131)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 216

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William M. Dunlay

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
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## 6 DATE OF BIRTH

December 6, 1870  
(Month) (Day) (Year)

## 7 AGE

61 yrs. 2 mos. 17 ds. or min?

IF LESS than

1 day hrs.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Fiscal Agent  
 (b) General nature of industry business, or establishment in which employed or (employer) Federal Reserve Board.

9 BIRTHPLACE  
(State or country)Iowa

## 10 NAME OF FATHER

Solomon J. Dunlay11 BIRTHPLACE OF FATHER  
(State or country)Penns

## 12 MAIDEN NAME OF MOTHER

Nancy Jane Hopkins13 BIRTHPLACE OF MOTHER  
(State or Country)not known

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Jennie M. Dunlay

(Address)

19 Virginia St Cherry Chase

## 15

Filed 2-25-1932 Thomas Done Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Feb. 23, 1932

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 10 1932 to Feb. 23, 1932,that I last saw him alive on Feb. 23, 1932,and that death occurred on the date stated above, at 5:50 P.M.

The CAUSE OF DEATH \* was as follows:

Cerebral Vasculon- mural  
disease : coronary throm-  
bosis.(Duration) 1 yrs. - mos. - ds.Contributory  
SecondaryPulmonary Sclerosis(Duration) yrs. - mos. - ds.(Signed) Hillary L. Bonars M. D.Feb. 24, 1932 (Address) 3921 Dryden Rd.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. - mos. - ds. In the State yrs. - mos. - ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

Cedar Hill Md DATE OF BURIAL Feb. 26, 1932

## 20 UNDERTAKER

H.B. Nevin

## ADDRESS

924 M. Glen

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

BUREAU V. S.

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. I

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61864

## 1. PLACE OF DEATH

County

Montgomery

200-L

Registration Dist. No. 213

Village or City

Seneca

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth?

yrs.

mos.

## 2. FULL NAME

(a) Residence: No.

Seneca, Md.

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	MARRIED

5a. If married, widowed, or divorced HUSBAND'S (or) WIFE of	Other Alfonso Jackson	
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6. DATE OF BIRTH (month, day, and year)	May 22, 1876		
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7. AGE	Years	Months	Days
	55	8	11

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	domestic in private home		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)	Feb 32		
	11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country)	Montgomery Co., Md.		
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13. NAME	Samuel Johnson		
14. BIRTHPLACE (city or town) (State or country)	Montgomery Co., Md.		

15. MAIDEN NAME	Selena Johnson		
16. BIRTHPLACE (city or town) (State or country)	Montgomery Co., Md.		

17. INFORMANT	Other Alfonso Jackson		
	Seneca, Md.		

18. BURIAL, CREMATION, OR REMOVAL	Place: sugar farm Date: 2-6-1932		
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19. UNDERTAKER	Ernest Gartner		
	Gaithersburg, Md.		

20. FILED	Feb 6, 1932 Cplw D. House M.D.		
	Registrar		

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb - 3 - , 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Feb - 3 - 1932 to Feb - 3 - 1932. I last saw him alive on Feb - 3 - 1932 death is said to have occurred on the date stated above, at 9 P.M. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

undetermined  
(see the side)

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. C. Miller M. D.  
(Address) Gaithersburg, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	MAR 3 1932	July 5, 1927

BUREAU V.S.

Other contributory causes of importance:

Gallstones	May 1, 1923
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**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

*I used to feel better until she was in the act of putting the scale to pitch "sof" and started abruptly; I made 2 missing sounds through her mouth; the husband thought she still living, called her with no reply; laying his hand on her and noting she was limp as a rattle like immediately hit an alarm and discovered she was dead or nearly so.*

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01805

## 1. PLACE OF DEATH

County Maryland

82-a

Registration Dist. No. 212Village or City Poolesville

St.

Ward

Length of residence in city or town where death occurred

65 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if foreign birth?

yrs.

mos.

ds.

2. FULL NAME John H Johnson

(a) Residence: No.

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE e5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Sa. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE About 69 Years Months Days If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Farm  
9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc. Garden  
10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 50 yrs12. BIRTHPLACE (city or town)  
(State or country) Va13. NAME Henry Johnson14. BIRTHPLACE (city or town)  
(State or country) Va15. MAIDEN NAME Mary Johnson16. BIRTHPLACE (city or town)  
(State or country) Va17. INFORMANT Clarence Johnson  
(Address) Silman 137 A

18. BURIAL, CREMATION, OR REMOVAL

Place Poolesville Date Feb 21, 193219. UNDERTAKER Clarence H Davis  
(Address) Poolesville20. FILED 3/19 1932 E. White  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 18

(Month)

(Day)

, 1932 (Year)

22. HEREBY CERTIFY. That I attended deceased from

I last saw him alive on Feb 18, 1932; death is said to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 3/16/32

Other Contributory Causes of Importance:

arteriosclerosis Date of onset 1925

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) E. White M.D.  
(Address) Poolesville, MD

UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

**RECEIVED**  
Arteriosclerosis  
Chronic interstitial nephritis  
Cerebral hemorrhage MAR 4 1932  
**BUREAU V.S.**  
Other contributory causes of importance:

### Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
<b>Other contributory causes of importance:</b>	
<i>Gastroenteritis</i>	<i>1 year</i>

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 61806

## 1. PLACE OF DEATH

County Maryland  
Village or City Takoma Park

Length of residence in city or town where death occurred

5 yrs.

6 mos.

ds.

How long in U.S. if of foreign birth? 5 yrs. 6 mos. ds.

Registration Dist. No. 223

2. FULL NAME Mrs. Hilda E. Kotz(a) Residence: No. 236 Park Ave  
(Usual place of abode)St. Ward Takoma Park

Md.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND OF

(or) WIFE OF

Elder Ernst Kotz6. DATE OF BIRTH (month, day, and year) Sept. 10 1888

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
43	4	21		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home10. Date deceased last worked at You. 1 this occupation (month and year) 193111. Total time (years) spent in this occupation 22 yrs12. BIRTHPLACE (city or town) Germany  
(State or country)13. NAME Mr. E Koesker14. BIRTHPLACE (city or town) Germany  
(State or country)15. MAIDEN NAME Mary Blank16. BIRTHPLACE (city or town) Germany  
(State or country)17. INFORMANT Washington Sanitarium Records  
(Address) Takoma Park Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D.C. Date 2/7 193219. UNDERTAKER S. & J. Stevens Co.  
(Address) 2401 N. Washington20. FILED Feb 5 1932 H. C. Rogers

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 5

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

July 28, 1931, to Feb 5, 1932. I last saw her alive on Feb 5, 1932. death is said to have occurred on the date stated above, et al. 6 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis of Stomach Date of onset 7/1/31

Other Contributory Causes of Importance:

Perforation from 1/1/31  
Stomach Name of operation Exploratory Date of 1/2/31What test confirmed diagnosis? Colonoscopy Was there an autopsy? Yes

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Franklin L. Williamson  
(Signed) Paul Williamson M. D.(Address) 2731 Conover

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

**WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD**

N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL STATE OF OCCUPATION is very important. See instructions on back of certificate.

## PLACE OF DEATH

County Montgomery

VILLAGE OR CITY  
Takoma Park

No. 6801 - Eastern Ave.

FULL NAME LANIER, SUSIE CONNELLY

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female White

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Married

6 DATE OF BIRTH

Nov. 9, 1862

(Month)

(Day)

(Year)

7 AGE

69 yrs. 3 mos. 26 ds. or min.?

IF LESS than  
1 day.... hrs.

8 OCCUPATION

- (a) Trade, profession or particular kind of work Housewife  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE  
(State or country)

Augusta, Georgia

FATHER  
? Connally

11 BIRTHPLACE  
OF FATHER  
(State or country)

Georgia

12 MAIDEN NAME  
OF MOTHER

Susie Batty

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Georgia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Richard N. Lanier

(Address)

Fredericksburg, Va.

15 Filed Feb 5 1932

192

Hedinger

Registrar

61807

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 223

St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 5, 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 5, 1932 to Feb. 5, 1932 that I last saw her dead on Feb. 5, 1932, and that death occurred on the date stated above, at 10:45 A.M.

The CAUSE OF DEATH \* was as follows:

Coronary thrombosis

(Duration) — yrs. — mos. — ds.

Contributory  
Secondary

(Duration) — yrs. — mos. — ds.

(Signed) Dynwood Hedges M. D.

Feb. 5, 1932 (Address) 40 Cedar St.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death... yrs. mos. ds.

In the State... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Fredericksburg Feb 8 1932

20 UNDERTAKER

Wheeler & Thompson Fredericksburg

ADDRESS



61808

V. S. No. 1

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 PLACE OF DEATH  
County... *Montgomery*

Village or City *Olney (Montgomery Hosp.)* (No.)

2 FULL NAME *Dredrick S. Luthencum*

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *217*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Mr.*4 COLOR OR RACE *W.*5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word) *Married*6 DATE OF BIRTH *Nov. 11*

(Month)

(Day)

(Year) *1880*7 AGE *51 yrs.*if LESS than  
1 day, hrs.  
ds. or min.?*3 mos. 10 ds.*

8 OCCUPATION

(a) Trade, profession or  
particular kind of work *Carpenter*(b) General nature of industry  
business, or establishment in  
which employed or (employer) *—*

9 BIRTHPLACE

(State or country) *Md.*10 NAME OF  
FATHER*Geo. F. Luthencum*11 BIRTHPLACE  
OF FATHER(State or country) *Md.*12 MAIDEN NAME  
OF MOTHER*Irene Tabler*13 BIRTHPLACE  
OF MOTHER(State or Country) *Md.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Evelyn Luthencum*(Address) *Gathertown Md.*15 Filed *Feb 22 1932**C. S. Johnson*

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *2-22-32*

, 192

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from *12 Feb. 1932* to *21 Feb. 1932*that I last saw him alive on *21 Feb. 1932*,  
and that death occurred on the date stated above, at *5570*.  
The CAUSE OF DEATH \* was as follows:*Lobar Pneumonia*

(Duration) — yrs. — mos. — ds.

Contributory  
Secondary

(Duration) — yrs. — mos. — ds.

(Signed) *Stanley W. Parker, M. D.*  
(Address) *Gathertown Md.*\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death *0 yrs. 0 mos. 7 ds.* In the State *51 yrs. 3 mos. 10 ds.*Where was disease contracted, if not at place of death? *Near Rockville Md.*Former or past residence *Near Rockville*19 PLACE OF BURIAL OR REMOVAL *Gathertown Md.*DATE OF BURIAL *2-23-32*20 UNDERTAKER *W. R. Palmer*ADDRESS *Rockville Md.*

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Congenital*," "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01869

## MARGIN RESERVED FOR BINDING

Y. S. No. 1

N.B.—WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County MontgomeryVillage or City Rockville, Md.

Length of residence in city or town where death occurred

No. \_\_\_\_\_  
 If death occurred in a hospital or institution, give its NAME instead of street and number  
 mos. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Mary Louise Lowry(a) Residence: No. Rockville, Md. St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

Registration Dist. No. 213St. \_\_\_\_\_ Ward \_\_\_\_\_  
 If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year)	<u>July 13, 1864</u>		
7. AGE	Years <u>67</u>	Months <u>7</u>	Days <u>6</u>
	If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u>	11. Total time (years) spent in this occupation <u>spent in this occupation</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>none</u>	
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) (State or country)	<u>Massachusetts</u>
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13. NAME	<u>Horatio B. Lowry</u>
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14. BIRTHPLACE (city or town) (State or country)	<u>Vermont</u>
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15. MAIDEN NAME	<u>Charlotte H. Young</u>
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16. BIRTHPLACE (city or town) (State or country)	<u>New York</u>
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17. INFORMANT	<u>Mrs. Sam'l Riggs, wif of R.</u>
(Address)	<u>Rockville, Md.</u>

18. BURIAL, CREMATION, OR REMOVAL	Place <u>Union Cemetery</u> Date <u>Feb. 21, 1932</u>
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19. UNDERTAKER	<u>Warner E. Pumphrey</u>
(Address)	<u>Rockville, Maryland</u>

20. FILED	<u>Feb. 21, 1932</u> Mrs. N. T. Pratt
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Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 21, 1932  
 (Month) February (Day) 21 (Year) 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1932 to Feb. 19, 1932; I last saw her alive on Feb. 18, 1932; death is said to have occurred on the date stated above, at 6 P.M.. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) G. V. Hartley(Address) Rockville

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset RECEIVED 1915
Chronic interstitial nephritis	MAR 1 1932
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

61810

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY**, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Montgomery  
Village or City Potomac

Registration Dist. No. 213St. Ward

Length of residence in city or town where death occurred 8 yrs. 8 mos. 8 ds. How long in U.S. if foreign birth? None mos. 0 ds.

## 2. FULL NAME

(a) Residence: No.

Sarah MartinPotomac, Md - St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)MARRIED

5a. If married, widowed, or divorced

HUSBAND  
(or) WIFE ofGeorge Martin

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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Given as 49 years.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Occ. home

10. Date deceased last worked at this occupation (month and year) at present

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Montgomery Co.Md

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

Howard Martin

18. BURIAL, CREMATION, OR REMOVAL

(Address)

Feb. 29Place TobytownDate 1932

19. UNDERTAKER

(Address)

Geo. BlomdornRockville Md

20. FILED

(Address)

2/39, 1932Mrs. W. T. Pratt

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

February 26, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

February 25, 1932 to Feb 25, 1932I last saw her alive on Feb 25, 1932, death is said to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute lobar pneumonia Feb 25, 1932

Date of onset

Other Contributory Causes of importance:

Chronic myocarditis ?Name of operation None Date of —What test confirmed diagnosis Phys exam Was there an autopsy? No

23. If death was due to external cause (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify —Wm. G. Luthier and M. D.(Address) Rockville, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	<b>RECEIVED</b>
Chronic interstitial nephritis	
Cerebral hemorrhage	MAR 3 1932

Other contributory causes of importance:

Gallstones	<b>BURDAN V. S.</b>

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01811

## 1. PLACE OF DEATH

County

Montgomery.

820

Registration Dist. No. 215

Village or City

Cabin Johns

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

(usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

M W

widow

Sa. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan. 23. 1860

7. AGE Years Months Days

If LESS than  
1 day, hrs.  
or min.

72

0

24

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Engineer  
Steam11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Washington D.C.

## MOTHER FATHER

13. NAME

Daniel O'McCarthy,

14. BIRTHPLACE (city or town)  
(State or country)

Ireland.

15. MAIDEN NAME

Katherine Sullivan

16. BIRTHPLACE (city or town)  
(State or country)

Ireland.

17. INFORMANT

(Address)

Mrs. Jane P. Courtney  
to above from me.

18. BURIAL, CREMATION, OR REMOVAL

Place: Washington D.C. Date: Feb. 17, 1932

19. UNDERTAKER

(Address)

Warren E. Murphy  
Rockville Md.

20. FILED

(Date)

Feb. 16, 1932 Deaf C. Perry  
Registrar.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 21. DATE OF DEATH

Feb.

(Month)

15

(Day)

1932

(Year)

22. I HEREBY CERTIFY that I attended deceased from

t last saw him alive on Feb. 15, 1932, to Feb. 16, 1932; death is said to have occurred on the date stated above, at 1 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Other Contributory Causes of Importance:

Medullary Paralysis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ✓ John D. Perry

(Signed) John D. Perry

(Address) 3207 32nd St. N.W.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MAR 7 1932	1921
		July 5, 1927
	BUREAU V.E.	
Other contributory causes of importance:		
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01812

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County MontgomeryVillage or City Burtonsville, Md.

93-c

Registration Dist. No.

214

St., Ward

Length of residence in city or town where death occurred

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Charlotte E. Moorhead(a) Residence: No. Burtonsville, Md. St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Female whiteSingle

6a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 1, 1849

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

82

9

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country) IndianaPennsylvania

MOTHER FATHER

13. NAME William Moorhead

14. BIRTHPLACE (city or town)

(State or country) Pennsylvania15. MAIDEN NAME Susan Bodine

16. BIRTHPLACE (city or town)

(State or country) Pennsylvania17. INFORMANT Dr. Walter P. Adams(Address) Burtonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Indiana, Penna. Date March 2, 193219. UNDERTAKER Warren E. Lumbreary(Address) Rockville, Md.20. FILED 3-1-32, 19Ralph L. Hays

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb. 29, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Feb. 10, 1932 to Feb. 29, 1932I last saw her alive on Feb. 28, 1932, death is said to have occurred on the date stated above, at 2:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ruptured cerebral

Date of onset

Feb. 10, 1932

Other Contributory Causes of importance:

Arteriosclerosis

Date of

Name of operation none Date ofWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. R. Hayes M. D.(Address) 7512 Ken Ave.

UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### **Example 1**

The principal cause of death and related causes of importance were as follows:

Example I	
The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 7 1932
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921
	BUREAU V. S.
	July 5, 1922

### Example 11

The principal cause of death and related causes of importance were as follows:

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

#### **Other contributory causes of importance:**

Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 192</i>

#### **Other contributory causes of importance**

Other contributory causes of importance:	
Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61813

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Montgomery  
Village or City Rockville

107-a

Registration Dist. No. 213St., WardLength of residence in city or town where death occurred 20 yrs.(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. — ds. How long in U. S. if of foreign birth? 60 yrs. — mos. — ds.2. FULL NAME James H. Nicol(a) Residence: No. Travilah  
(Usual place of abode)St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
--------------------	-------------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Elizabeth Holloman Nicol6. DATE OF BIRTH (month, day, and year) Jan - 27 1850

7. AGE <u>82</u> Years	Months <u>0</u>	Days <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	--

OCCUPATION <u>Off</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farming</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>—</u>	
10. Data deceased last worked at this occupation (month and year) <u>Jan-32</u>	11. Total time (years) spent in this occupation <u>60</u>

12. BIRTHPLACE (city or town) Aberdeen Scotland  
(State or country)

MOTHER FATHER	13. NAME <u>William Nicol</u>
	14. BIRTHPLACE (city or town) <u>Scotland</u> (State or country)

MOTHER	15. MAIDEN NAME <u>Mary Nichols</u>
	16. BIRTHPLACE (city or town) <u>Scotland</u> (State or country)

17. INFORMANT <u>Miss Mary Nicol</u> (Address) <u>2100 3rd Street NW</u>
---

18. BURIAL, CREMATION, OR REMOVAL Place <u>Rockville</u> Date <u>Feb 18</u> , 1932
---

19. UNDERTAKER <u>Rubens Pumphrey</u> (Address) <u>Rockville MD</u>
--

20. FILED <u>Feb 15</u> , 1932 Up to 2 hours <u>No</u> by <u>Registrar</u>
---

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 16

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932, to Feb 16, 1932.I last saw him alive on Feb 6, 1932, Death is said to have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchial Asthma Date of onset 1915  
Bronchitis  
Acute Bronchitis  
Broncho-pneumonia 2/14/32  
Pneumonia 2/10/32

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Upton D. Ward M. D.  
(Address) Darnestown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

MAR 9 1932

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61814

## 1. PLACE OF DEATH

County

Montgomery

92-a

Registration Dist. Nd.

212

Village or City

Rockville

St.

Ward

Length of residence in city or town where death occurred

81 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: Nd.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

widow

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Annie Rebecca

6. DATE OF BIRTH (month, day, and year)

Nov 4-1850

7. AGE

81

Years

3

Months

19

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

1932

11. Total time (years)  
spent in this  
occupation

51

Farming

12. BIRTHPLACE (city or town)

(State or country)

Rockville

MOTHER

FATHER

13. NAME

Colomore Affelt

14. BIRTHPLACE (city or town)

(State or country)

Md

15. MAIDEN NAME

Annie Jarboe

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

(Address)

Eugene Affelt

Rockville Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Barnesville

Date Feb 26, 1932

19. UNDERTAKER

(Address)

Holton &amp; Hall

Rockville

20. FILED

Date

3/24, 1932

E. E. White

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb 23rd, 1932  
(Month) (Day) (Year)

22. HEREBY CERTIFY That I attended deceased from

Feb 10, 1932, to Feb 23, 1932; death is said

to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

myocarditis

Date of onset  
Feb 8  
1932

Other Contributory Causes of importance

mitral insufficiency 10  
and arterio sclerosis yrs

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Edward White M. D.  
(Address) Rockville

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED MAR 4 1922	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921

BUREAU U.S.

Other contributory causes of importance:

Gallstones	RECEIVED MAY 1 1923	Date of onset
		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

BUREAU U.S.

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01816

## MARGIN RESERVED FOR BINDING

**N.B.** Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

County MontgomeryVillage or City Bethesda (No.)

## 2 FULL NAME

Joan Louise PoatesSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 216

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

female white

Single

6 DATE OF BIRTH

Feb. 14<sup>th</sup>, 1931.  
(Month) (Day) (Year)

7 AGE

0 yrs. 11 mos. 27 days. or min.?

If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)9 BIRTHPLACE  
(State or country)Maryland10 NAME OF  
FATHERHenry Poates11 BIRTHPLACE  
OF FATHER

(State or country)

Virginia12 MAILING NAME  
OF MOTHER

(State or Country)

Dorothy SackMaryland13 BIRTHPLACE  
OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Henry Poates

(Address)

Bethesda Md.15 Filed February 11 1932 Dr. Berry C. Perry

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 10<sup>th</sup>, 1932.

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
Feb. 7 1932 to Feb. 10 1932.that I last saw him alive on Feb. 10 1932,  
and that death occurred on the date stated above, at 10 A.M..  
The CAUSE OF DEATH \* was as follows:Cerebral hemorrhage

(Duration) yrs. mos. ds.

Contributory  
SecondaryCholeraic cough

(Duration) yrs. mos. ds.

(Signed) E. G. Barnesfield M. D.  
2/10/32 (Address) Bethesda, Md.\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Laytonville Va.

DATE OF BURIAL

2-12-1932

2D UNDERTAKER

W. Reuben Remington Jr. Rockville  
ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer laborer*, *Farm laborer*, *Laborer*—*Cold mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Hausekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Former* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia")

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*; *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1932

BUREAU V.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAR 5 1932
Chronic interstitial nephritis	
Cerebral hemorrhage	RUBRA V.S.

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	MAR 4 1932	1915
Cerebral hemorrhage		1921

BUREAU V.D.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61819

223

214

## 1. PLACE OF DEATH

County MontgomeryVillage or City Takoma Park, Md

Registration Dist. No.

Hospital

St.

Ward

No. Washington Sanitarium

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Clayton Rabbitt(a) Residence: No. Silver Spring, R.F.D. #1 St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofBessie Viola Rabbitt

6. DATE OF BIRTH (month, day, and year)

Feb. 1 1871

7. AGE

Years  
61Months  
2Days  
1If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.Farmer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)192811. Total time (years)  
spent in this  
occupation all

12. BIRTHPLACE (city or town)

(State or country)

AspenMaryland

MOTHER

FATHER

13. NAME Edward Rabbitt

14. BIRTHPLACE (city or town)

(State or country)

not knownMaryland

15. MAIDEN NAME

Christina Sedingham

16. BIRTHPLACE (city or town)

(State or country)

not knownScotland

17. INFIRMAT

Mrs. Bessie Viola Rabbitt.

(Address)

Silver Spring, R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL

Rockville UnionDate 3/2, 1932

19. UNDERTAKER

W. Penberth Pumphrey Jr

(Address)

Rockville Md20. FILED 7/29/32, 19Ralph Shulman

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb.  
(Month)28  
(Day)1932  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Nov. 5, 1931 to Feb. 28, 1932I last saw him alive on Feb. 28, 1932; death is said  
to have occurred on the date stated above, at 8:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Coronary Thrombosis Feb. 28, 1932

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. B. Haynes M. D.(Address) 9512 New Ave Silver Spring

Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	May 7, 1922	Date of onset	1915
Chronic interstitial nephritis			1921
Cerebral hemorrhage	BUREAU V. S.		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923	Date of onset

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

61820

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<sup>1</sup> PLACE OF DEATH  
County Montgomery

(82-a)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 214Village or City Silver Spring No. 706 Spring

St. \_\_\_\_\_

Ward) \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

<sup>2</sup>FULL NAME Ross, Annie Maria Hill -

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F4 COLOR OR RACE W5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Widowed

6 DATE OF BIRTH

Nov 10, 1860  
(Month) (Day) (Year)

7 AGE

71 yrs. 3 mos. If LESS than  
1 day hrs.  
ds. or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work.....  
 (b) General nature of industry business, or establishment in which employed or (employer).....

Clark.N.S. D.A.R.9 BIRTHPLACE  
(State or country)Manchester, N.H.

10 NAME OF FATHER

Hill, Sullivan Garrison11 BIRTHPLACE OF FATHER  
(State or country)Garrison, N.H.

12 MAIDEN NAME OF MOTHER

Allen, Caroline Whittle13 BIRTHPLACE OF MOTHER  
(State or Country)East Bridgewater, Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nettie J. & Brokaghorn (Mrs H.B.)(Address) 706 Spring Street, Silver Spring15 Filed 2/15 1932Ralph L. Miller  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 15, 1932  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Jan. 9, 1932 to Feb. 15, 1932.that I last saw her alive on Feb. 10, 1932,and that death occurred on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH \* was as follows:

Cerebral Hemorrhage -(Duration) 1 yrs. 6 mos. 6 ds.Contributory  
Secondary(Duration) 1 yrs. 6 mos. 6 ds.(Signed) John M. Stebbins L. M. D.  
Feb. 15, 1932. (Address) Silver Spring Md.\*State the Disease Causing Death, or, in death from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

Washington D.C.

DATE OF BURIAL

Feb. 15, 1932

20 UNDERTAKER

The S. H. Hines Co

ADDRESS

Washington D.C.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter; statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery;* (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group");

*Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and a few questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

MAR 7 1932

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD

## 1 PLACE OF DEATH

County Montgomery

Village or City Chevy Chase (No.)

2 FULL NAME Clara Santelmann

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

white5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Married

6 DATE OF BIRTH

Feb. 14, 1861  
(Month) (Day) (Year)

7 AGE

71 yrs. 11 mos. 27 ds. If LESS than  
I day.... hrs.  
or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer) House wife

9 BIRTHPLACE

(State or country) Germany10 NAME OF  
FATHERFriedrich Becke11 BIRTHPLACE  
OF FATHER(State or country) Germany12 MAIDEN NAME  
OF MOTHERMarie Behrens13 BIRTHPLACE  
OF MOTHER(State or Country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R.W. Santelmann(Address) 44 Grafton St. Ch. Ch. Rd. Arlington Nat. Va.15 Filed Feb. 8, 1932

Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 216

940  
44 - Grafton St. Ward  
Santelmann

(If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

February 6th, 1932

(Month) (Dsy) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

July 15, 1925 to February 6th, 1932,that I last saw her alive on February 6th, 1932,and that death occurred on the date stated above, at 1 p.m.

The CAUSE OF DEATH \* was as follows:

coronary occlusion

(Duration) yrs. mos. ds.

Contributory  
Secondaryarteriosclerosis

(Duration) yrs. mos. ds.

(Signed) Carl Goldenberg M. D.Feb. 6th, 1932 (Address) No. 29 Col. Rd. Washington\*State the Disease causing Death, or, in deaths from  
Violent Causes, state (1) Means of injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL

2-8-1932

ADDRESS

332 Pa. Ave N.W.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01822

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County MontgomeryVillage or City American University Park, Md.

93c

Registration Dist. No. 216St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jane Stephen(a) Residence: No. American University Park, Md. Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Female whitewidowed5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofHarman B. Stevens

6. DATE OF BIRTH (month, day, and year)

Feb. 29, 1864

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

67

11

18

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.Retired9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Pennsylvania

MOTHER FATHER

13. NAME

James R. Curtis

14. BIRTHPLACE (city or town)

(State or country)

Virginia

15. MAIDEN NAME

Elvira Harry

16. BIRTHPLACE (city or town)

(State or country)

West Virginia

17. INFORMANT

Clifton C. Stephen(Address) American University Park

18. BURIAL, CREMATION, OR REMOVAL

Place Fredericksburg, Va. Date Feb. 19, 193219. UNDERTAKER Warren F. Humphreys  
(Address) Rockville, Maryland20. FILED 2/19, 1932 By C. Perry  
Regd.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb. 17, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Feb. 9, 1932 to Feb. 17, 1932I last saw him alive on Feb. 17, 1932; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pulmonary edema

Date of onset

Other Contributory Causes of importance:

Chronic myocarditisName None Date of \_\_\_\_\_What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) E. G. B. Dyer(Address) Bethesda, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61823

## 1. PLACE OF DEATH

County MontgomeryVillage or City Takoma Park

Length of residence in city or town where death occurred yrs.

(62)

Registration Dist. No. 223No. Washington Sanitarium & Hospital Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)mos 13 hrs 15 min How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Mrs. Margaret Sykes(a) Residence: No. 1620 Fuller St. N.W. Wash. D.C. St., Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofCapt. Edward D. Sykes6. DATE OF BIRTH (month, day, and year) March 29- 1896

7. AGE Years <u>35</u>	Months <u>10</u>	Days <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Own home</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Erie Penna.13. NAME Joseph J. Wechsler14. BIRTHPLACE (city or town)  
(State or country) Penna.15. MAIDEN NAME Anna Ferniger16. BIRTHPLACE (city or town)  
(State or country) Erie Penna.17. INFORMANT Sanitarium Records  
(Address) Takoma Park MD.18. BURIAL, CREMATION, OR REMOVAL  
Place Washington D.C. Date Feb. 7, 193219. UNDERTAKER Moral Y. Webster  
(Address) 928-31 St. N.W.20. FILED Feb. 7, 1932 To E. Rogers

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 7, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Feb 61932Feb 71932I last saw her alive on Feb 6, 1932, death is said to have occurred on the date stated above, at 12:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pellagra & Psychosis  
(Did not arise Maryland) Date of onset 6 mo ago

Other Contributory Causes of importance:

Congestive Edema of lungs

Name of operation

Date of

What test confirmed diagnosis? Clint Autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Joseph E. Grayford M. D.  
(Address) Takoma Park, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	MAR 5 1922 Date of onset 1921
Cerebral hemorrhage	July 5, 1927 Date of onset July 5, 1927

BUREAU U. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	Date of onset 1 week ago
Peritonitis	Date of onset 3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N.B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01824

## 1. PLACE OF DEATH

County Montgomery  
Village or City Brunswick

Length of residence in city or town where death occurred yrs.

107-a

Registration Dist. No.

21

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos.      ds.      How long in U.S. if of foreign birth?      yrs.      mos.      ds.2. FULL NAME Mary Emma Thomas(a) Residence: No. Brunswick  
(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female African</u>	4. COLOR OR RACE <u>Baby</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Baby</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) April 4, 1931

7. AGE Years <u>1</u>	Months <u>11 mo</u>	Days <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION <u>Infant</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u></u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>
	10. Date deceased last worked at this occupation (month and year) <u>0</u>
	11. Total time (years) spent in this occupation <u>0</u>

12. BIRTHPLACE (city or town) Brunswick  
(State or country)13. NAME George Thomas  
14. BIRTHPLACE (city or town) Brookville  
(State or country)15. MATURE NAME Caroline Awkward  
16. BIRTHPLACE (city or town) Brunswick  
(State or country)17. INFORMANT George Thomas  
(Address) Brunswick18. BURIAL, CREMATION, OR REMOVAL  
Place Sandy Spring Date Feb 27 193219. UNDERTAKER Roy A. Barber  
(Address) Laytonsville, Md.20. FILED Feb 24, 1932 C. Barnesley  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

February 24  
(Month)      24  
(Day)      1932  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug 31, to Feb 24, 1932  
I last saw him alive on Feb 10 - 1932, death is said to have occurred on the date stated above, at 2 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Feb 7-

Other Contributory Causes of importance:

PolyomycetisAug 30Name of operation no Date of           What test confirmed diagnosis? no Was there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) John L. Johnson M. D.(Address) Sandy Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAR 4 1932	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SUBHAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

01825

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Unknown

Registration Dist. No.

213

Village or City

Body found in Chevy Chase, Montgomery Co., Md.

St.

Ward

Length of residence in city or town where death occurred

yrs

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: N. D.

Unknown

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Unknown

7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.Apparently few days  
possibly stillborn

none

8.

Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

9.

Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10.

Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Unknown

MOTHER

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town)

(State or country)

Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

Unknown

17. INFORMANT

(Address)

Montgomery Co. Police

1 Bethesda, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: County Hospital Date: Feb. 17, 1931

19. UNDERTAKER

(Address)

Wenger &amp; Murphy

Rockville, Md.

20. FILED

2/16

1931

Mrs. H. J. Pratt

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Unknown  
(Month) (Day)1931  
(Year)22. I HEREBY CERTIFY, That I attended deceased from  
viewed the body on February  
14th, 1931, alive. : death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Body too much decomposed  
to determine.

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy

No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Wm. G. Smithson, M. D.

(Address) Rockville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		
	Date of onset	
Arteriosclerosis	1915	
Chronic interstitial nephritis	MAR 2 1922	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MAR 7 1932	1921

BUREAU V.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY,** IN THIN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61827

## 1. PLACE OF DEATH

County MontgomeryVillage or City Edgemere, Md.

Length of residence in city or town where death occurred yrs.

No.

Registration Dist. No. 216

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Watkins(a) Residence: No. 7211 Fairfax Street  
(usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofCyrus Watkins6. DATE OF BIRTH (month, day, and year) — 18837. AGE Years 49 Months ? Days ? If LESS than  
f day, \_\_\_\_\_ hrs.  
or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Cook  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year) 8/16 f1. Total time (years) spent in this occupation12. BIRTHPLACE (city or town)  
(State or country) Trecoy  
South Carolina13. NAME Ida Watkins14. BIRTHPLACE (city or town)  
(State or country) Edgemere15. MAIDEN NAME Ida Watkins16. BIRTHPLACE (city or town)  
(State or country) Edgemere17. INFORMANT Cyrus Watkins  
(Address) 7211 Fairfax St., Edgemere, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Augusta, Ga. Date Feb. 27, 193219. UNDERTAKER Warren E. Humphreys  
(Address) Rockville, Md.20. FILED Feb. 26, 1932 Bev C. Perry  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 24<sup>th</sup>

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

dead when first seen.

I last saw h. alive on , 19 .; death is said

to have occurred on the date stated above, at . m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute dilatation of heart.

Other Contributory Causes of Importance:

Chronic nephritis.Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, f. \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify E. J. Daubert(Signed) E. J. Daubert(Address) Bethesda, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MAR 7 1932	1921

Other contributory causes of importance:	RUEAU V. E.	Date of onset
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago

	3 days ago

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

61828

V. S. No. 1

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
County Maryland

Village or City Good Hope (No.)

2 FULL NAME Joseph H. Wheeler Joseph Wheeler

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 214

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>Colored</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
-------------------	--------------------------------	---

6 DATE OF BIRTH

Jan 20, 1858  
(Month) (Day) (Year)

7 AGE

74 yrs. 0 mos. 13 ds. or min. If LESS than  
1 day hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work Minister  
(b) General nature of industry business, or establishment in which employed or (employer) Minister

9 BIRTHPLACE

(State or country) Wash. D.C.

10 NAME OF FATHER

Robert Wheeler

11 BIRTHPLACE OF FATHER

(State or country) Wash. D.C.

12 MAIDEN NAME OF MOTHER

Mary Fawcett

13 BIRTHPLACE OF MOTHER

(State or Country) Wash.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josephine Wheeler(Address) 1854 Bellmore St. N.W.15 Filed 2/4 1932 Ralph W. Wheeler  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 3, 1932

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Sept. 15, 1931 to Feb. 3, 1932that I last saw him alive on Jan 21, 1932and that death occurred on the date stated above, at 9 a.m.

The CAUSE OF DEATH \* was as follows:

Ruptured cerebral  
vein.

Contributory  
Secondary arteriosclerosis  
hypertension  
prostatitis  
(Duration) 10 yrs. 0 mos. 0 ds.

(Signed) W.B. Haynes M. D.  
(Address) Elm Spring Rd.

\*State the Disease Causing Death, or, in death from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Wash DC

DATE OF BURIAL

2/6, 193220 UNDERTAKER G. RICEGeorge G. Rice

ADDRESS

12th & N.W.

3470 Oct. 20  
32 pc

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

Under Dr. J. R. Hayes  
undertaker's name changed according to letter filed Feb. 29 1952

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Renover wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B 19 1952  
**CHARGE**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61829

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Maryland 145-a  
Village or City Elkton

Registration Dist. No. 217  
No. Montgomery Co. Md. SC., Ward

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma S. Whetzel

(a) Residence: No. Washington Street Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5a. If married, widowed, or divorced <u>HUSBAND</u> of (or) <u>WIFE</u> of <u>Sister B. Whetzel</u>				
6. DATE OF BIRTH (month, day, and year) <u>21 8/1907</u>				
7. AGE	Years <u>24</u>	Months <u>11</u>	Days <u>25</u>	If LESS than 1 day, ____ hrs. or ____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>—</u>			
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>—</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1/15/32</u>			
	11. Total time (years) spent in this occupation <u>4</u>			

12. BIRTHPLACE (city or town)  
(State or country) Md.

13. NAME Charles H. Becker

14. BIRTHPLACE (city or town)  
(State or country) Md.

15. MARION NAME Unknown

16. BIRTHPLACE (city or town)  
(State or country) Md.

17. INFORMANT Sister B. Whetzel  
(Address)

18. BURIAL, CREMATION, OR REMOVAL  
Place Galloway Date 2nd Feb 1932

19. UNDERTAKER J. C. Galloway  
(Address) Galloway

20. FILED Feb 3, 1932 C&B Arnalay  
Registrar. Sandy Spring

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 21211932

22. I HEREBY CERTIFY, That I attended deceased from

1/24/32, 1932, to 2/21/32, 1932I last saw h.s. alive on 2/14/32, 1932; death is said to have occurred on the date stated above, at 4:40 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Purpura and Infection

Date of onset

1/18/32

Other Contributory Causes of Importance:

Senile Pneumonia1/21/32Name of operation Sparking out heart Date of 1/31/32What test confirmed diagnosis? W.M. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. C. Galloway

M. O.

(Address) Sandy Spring

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

MAR 4 1932

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

BUREAU V.S.

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—**WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

61830

## 1. PLACE OF DEATH

County Baltimore CountyVillage or City Powderville MdLength of residence in city or town where death occurred 50 yrs.

92-L

Registration Dist. No. 312St. WardNo. (If death occurred in a hospital or institution, give its NAME instead of street and number)mos. ds. How long in U. S. if of foreign birth? years mos. ds.

## 2. FULL NAME

(a) Residence Dr. Willard  
(b) DeWalt Joseph  
(usual place of abode)St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)MARRIED

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofSarah C. Willard

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years 89 Months 6 Days 6Days 18 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1928 58 yrs12. BIRTHPLACE (city or town)  
(State or country)Maryland

13. NAME

DeWalt Willard14. BIRTHPLACE (city or town)  
(State or country)Maryland

15. MAIDEN NAME

Elebeth Flook16. BIRTHPLACE (city or town)  
(State or country)Maryland

17. INFORMANT

Sarah Willard

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date Feb 26, 1932

19. UNDERTAKER

(Address) John T. Hilton and SonsBaltimore Md

20. FILED

Date Feb 24, 1932 Registrar E. W. White

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Feb.  
(Month)24  
(Day)1932  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 30 1931 to Feb 24 1932

I last saw him alive on Feb 23 1932; death is said

to have occurred on the date stated above, at 11 AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Endocarditis  
and Arterio  
SclerosisDate of onset  
Unknown

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) E. W. White M. D.(Address) Powderville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	MAR 4 1932	July 5, 1927

Other contributory causes of importance: Gallstones	SURGEON V. S.	
		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago


Other contributory causes of importance: Gastroenteritis	
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis.		1921
Cerebral hemorrhage	MAR 4 1922	July 5, 1927

BUREAU U. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN